

MONTANA CHEMICAL DEPENDENCY CENTER POLICY AND PROCEDURE MANUAL

Policy Subject: Disciplinary Discharge	
Policy Number: CTP 25	Standards/Statutes: MCA 53-24-208 ARM 37.27.130
Effective Date: 01/01/02	Page 1 of 2

PURPOSE: To intervene on patient behaviors and attitudes that are not consistent with program expectations and/or patient rules of conduct. To help the patient gain awareness of self-defeating behaviors and attitudes and provide the patient with choices and options for appropriate changes. To help the patient obtain the full benefit from their treatment experience and avoid disciplinary discharge.

POLICY: Intervention strategies will be employed with those patients demonstrating behavior and attitudes inconsistent with program expectations and/or patient rules of conduct.

PROCEDURE:

- I. Concerns regarding patient behavior/attitude will be brought to the attention of the Clinical Supervisor by the following means:
 - A. Evening, night and weekend reports documented in log
 - B. Reports by nursing
 - C. Reports by counseling staff
 - D. Reports by treatment Specialists
 - E. Reports by administrative staff
- II. Disciplinary action may be considered for the following reasons:
 - A. Chemical use
 - B. Violence or threat of violence
 - C. Sexual activity and/or selective relationship
 - D. Failure to follow patient rules of conduct and program expectations
 - E. Unwilling to actively participate in program
 - F. Unwilling to progress or follow the treatment plan
 - G. Demonstrating poor motivation or unwillingness to change

- IV. An intervention plan, in the form of a treatment contract, may be developed with a specific behavior changes indicated. The patient will need to make the necessary and appropriate changes in a specific time. The clinical team will develop the intervention plan with the patient present. A copy of the treatment contract will be given to the patient, one copy will be placed in the logbook, and a copy will be maintained in the patient file.
- V. Review of the plan, and a report on the patient's progress, will be completed by the primary counselor on a weekly basis and provide the report to the clinical team.
- VI. If the goals and objectives of the contract have been met, the patient may be taken off the contract status. The progress will be reflected in the weekly counselor progress report and on the treatment contract.
- VII. If the patient does not meet the goals and objectives of the contract in the specified amount of time, or behaviors and attitudes continue to disrupt their/others ability to participate in the program, a clinical staffing will be conducted with the multi-disciplinary team, which includes the Clinical Supervisor, Director, Primary Counselor, Mental Health Services supervisor, Nursing and a Treatment specialist.
- VIII. The Committee must meet in a timely fashion to minimize the impact on the patient population. The primary counselor will have documented the patient's progress describing the intervention action, treatment contract goals, and outcomes.
- IX. The Committee will staff all suggestions for disciplinary discharges with the Director who will make the final decision.

Revisions:

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Name	Title	Date

Approved By: _____ 01/01/02
David J. Peshek, Administrator Date